

MEMORANDUM

To: Social Security Advisory Board
Subject: MetLife Overview
Date:

The Board is visiting the MetLife Corporate Headquarters in New York City to discuss the company's disability evaluation process. MetLife is among the largest global providers of insurance, annuities, and employee benefit programs, with 90 million customers in over 60 countries.

Short-term and long-term plans

MetLife provides short-term and long-term disability insurance plans. Short-term plans cover up to six months or one year. Long-term plans cover beneficiaries for a period of years or until they reach retirement age—depending on the plan chosen. The most common lengths of long-term plans are two years, five years, and until-age-65. Short-term and long-term plans include benefit incentives for rehabilitation, dependent care, and workplace modifications. MetLife offers short and long-term plans through employers and short-term plans to individuals.¹ Some MetLife plans require claimants to apply for Social Security disability benefits which can be offset against MetLife benefits. MetLife employs Social Security specialists who will guide claimants through this process.

Defining disability

MetLife offers plans with various definitions of disability. Some plans define disability as being unable to perform the duties of the previous occupation, while others define disability as the inability to perform a job commensurate with education, training, and experience. Some plans require the beneficiary not be working, while others require that income remain below a certain threshold. Some plans require the beneficiary to participate in an occupational rehabilitation program in order to continue to receive benefits.²

Evaluating disability

MetLife customers can file for disability benefits online, over the phone, or by submitting a paper application. Employers usually have specific instructions on how to claim benefits for their provided insurance plan. After an individual submits a claim, MetLife may contact the individual to discuss the application, the medical condition, and evaluation procedures. MetLife may contact the individual's physician to discuss medical information, treatment plan, prognosis, and functional abilities.³ MetLife may also ask the claimant to participate in a medical examination

¹ <https://www.metlife.com/individual/employee-benefits/group-disability/index.html#basics>

² <https://www.metlife.com/individual/employee-benefits/group-disability/index.html#faq>

³ http://www.serviceatmetlife.com/demos/mybenefits_demo/hybrids/main_experience/EmployeeDemo/disability/employee/inquiry/ee_faqs.html

and contact the claimant's employer to discuss the claimant's physical abilities in relation to his or her job requirements. About 93% of MetLife's decisions to pay or deny a short-term disability claim are made within 10 business days of the claim report.⁴ An applicant who is denied benefits may appeal to a MetLife case management specialist. Public data about allowance and appeal rates is not available.

Sample questions

What is the relationship between MetLife long-term disability and Social Security disability?

What appeals procedures does MetLife use and how long does it take?

How many claimants appeal?

What percentage of claims are allowed or denied, initially and on appeal?

What return-to-work programs are available and how does MetLife determine eligibility for these programs?

⁴http://www.whymetlife.com/boi/downloads/MetLife_Core_buyup.pdf